

6/2008

Document D: MAP Follow up Report

Return this form no later than two weeks after show date to receive 75% reimbursement.

Company Name: _____

Trade Show Attended (*no abbreviations*):

Trade Show Dates and Location: _____

1) How many trade inquiries did you receive at the show? _____

2) What were your total on-site sales at this show? _____

4) Please project the dollar amount that you expect your sales will increase during the next 12-months due to follow-up after this show. _____

5) Please check your primary objectives for participating in this show and indicate if achieved.

Goals

Achieved

() To appoint agent, broker, distributor, licensee

()

() To make contracts, receive trade inquiries

()

() To sell products

()

() To conduct test marketing, market research

()

() Other, please indicate _____

()

6) Would you participate in this show again? Yes No

7) Please write comments regarding this show...
